

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15877
State File No. 4200

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5854 Maffitt				d. STREET ADDRESS (If rural, give location) 5854 Maffitt			
3. NAME OF DECEASED (Type or Print) JAKE		a. (First) _____ b. (Middle) KODNER c. (Last) _____		4. DATE OF DEATH April 22, 1953 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div. 3	8. DATE OF BIRTH JAN 11, 1888	9. AGE (in years last birthday) 65	10. UNDER 1 YEAR <input type="checkbox"/> Months <input type="checkbox"/> Days	11. UNDER 1 MRS. <input type="checkbox"/> Hours <input type="checkbox"/> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Butcher		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNK KODNER		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE Beckie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME M. Minkin ADDRESS 5854 MAFFITT			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Sept. 18, 1951 , to April 22, 1953 , that I last saw the deceased alive on April 22, 1953 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. Schmitz		(Degree or title) M.D.		23b. ADDRESS 2813 E. Watson Blvd.		23c. DATE SIGNED 4/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/23/53		24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. APR 23 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James A. Dunning
42 E 7

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.